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An Independent Review Organization

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Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology

Description of the service or services in dispute:

ESI with Fluoroscopy with IV Sedation, C5-6

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a xxxx who was injured on XX/XX/XX while operative a X. The patient collided with another X causing complaints of neck pain. This had been previously managed with anticonvulsants, antidepressants and hydrocodone. The patient has been recommended for physical therapy in xxxx as well as individual psychotherapy. Despite treatment, the patient continued to report severe pain in the cervical region radiating to the right upper extremity with associated numbness and tingling and weakness. Radiographs of the cervical spine completed on xxxx did note degenerative spondylitic change at C5-6 and C6-7. MRI studies of the cervical spine from xxxxx noted a disc protrusion at C5-6 moderately effacing the thecal sac with contact on the anterior surface of the cervical cord. There was a slight amount of central stenosis noted with the canal measuring 9 mm. At C6-7 the patient had a 5 mm left paracentral and foraminal protrusion impinging the thecal sac and contacting the central cord as well as the proximal left C7 nerve root. The patient was followed for pain management. The patient continued to be symptomatic despite medications that included anticonvulsants and antidepressants. The xxxxx report described his own response to epidural steroid injections. The patient continued with narcotic analgesics for pain. It is noted the patient had reactive depression and anxiety which required IV sedation for the epidural steroid injection. No updated physical examination findings were noted. The epidural steroid injection with IV sedation at C5-6 was initially denied on xxxx as current guideline recommendations did not support the use of epidural steroid injections due to risks of serious and irreversible neurological adverse effects. There were no exceptional factors noted to support epidural steroid injections as requested. The request was again denied on xxxxx due to the lack of recommendations per guidelines regarding epidural steroid injections.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient has been followed for persistent complaints of neck pain and is not improved with prior conservative efforts to include several medications. Although the patient had been previously recommended for physical therapy, it is unclear whether physical therapy was ever provided to the patient. MRI studies of the cervical spine did note potential C7 nerve root encroachment due to a disc protrusion. The most recent report did not provide any specific physical examination findings indicative of an active C5-6 radiculopathy. Given the lack of updated clinical objective findings for this patient as well as unclear documentation regarding failure of conservative treatment, it is this reviewer's opinion that medical necessity for the request is not established at this time and the prior denials remain upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)